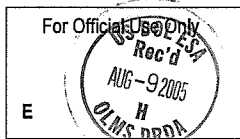


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4904</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Harry</u> <u>Maniscalco</u> P.O. Box, Bldg., Room No., if any Street <u>168 W. Ridge Road, Suite 113</u> City <u>Limerick</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19468</u>	4. Name, file number, and address of labor organization. Name <u>Iron Workers AFL-CIO LU 502</u> Labor Organization File Number <u>037-269</u> P.O. Box, Building and Room Number, if any Street <u>168 W. Ridge Road, Suite 113</u> City <u>Limerick</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19468</u>
5. Position in labor organization. <u>Administrator</u>	

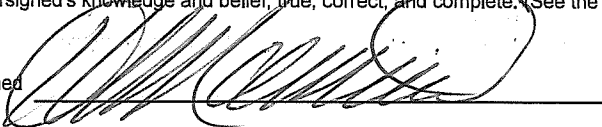
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/4/2005
Date

610-

489-0690
Telephone Number

Name of Person Filing Harry Maniscalco	File Number U-
---	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 90%;" type="text" value="Shopmen Iron Workers Welfare Plan of Philade"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text" value="168 W. Ridge Road, Suite 113"/> City <input style="width: 90%;" type="text" value="Limerick"/> State <input style="width: 20%;" type="text" value="Pennsylvania"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="19468"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>Plan Administrator Attendance Quarterly Board Meetings Welfare Plan. 1/20/04, 4/20/04, 7/14/04, 8/11/04, 10/27/04. Meals - \$215</p></div> 11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="\$215"/> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px;"></div> 12.b. Amount. <input style="width: 100px;" type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input style="width: 100px;" type="text"/>

Name of Person Filing Harry Maniscalco

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust *

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Shopmen Local Union 502 Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 168 W. Ridge Road, Suite 113

City Limerick

State Pennsylvania ZIP Code + 4

11.a. Nature of such dealing.

Plan Administrator Attendance Quarterly Board Meetings for Pension Plan.
3/24/04, 6/9/04, 9/15/04, 12/21/04.
Meals - \$121

11.b. Approximate dollar value of such dealing.

\$121

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Harry Maniscalco

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PNC Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1600 Market Street, 31st Floor

City Philadelphia

State Pennsylvania ZIP Code + 4 19103-3898

11.a. Nature of such dealing.

Complimentary Baseball Tickets (2) - \$185
Complimentary Flower Show Tickets (4) - \$72.00

11.b. Approximate dollar value of such dealing.

\$257

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Manning & Napier Advisors, Inc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1100 Chase Square

City Rochester

State New York ZIP Code + 4 14604

11.a. Nature of such dealing.

Trustees Dinner Meeting 10/13/04

11.b. Approximate dollar value of such dealing.

\$427

12.a. Nature of interest held or income received.

12.b. Amount.